

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

13142 U.S. PTO
07/08/03

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	16350-32US
First Inventor	JETHA, Zeenat
Title	Using Detail-in-Context Lenses For...
Express Mail Label No.	

APPLICATION ELEMENTS		ADDRESS TO:
See MPEP chapter 600 concerning utility patent application contents.		
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 33] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15]	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper 	
5. Oath or Declaration [Total Pages]	c. <input type="checkbox"/> Statements verifying identity of above copies	
a. <input type="checkbox"/> Newly executed (original or copy)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	13. <input type="checkbox"/> Preliminary Amendment	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)	14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
Prior application information: <i>Examiner:</i> _____	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
of prior application No.: _____ / _____		
Group Art Unit: _____		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		020988 <i>(Insert Customer No. or Attach bar code label here.)</i>
		or <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax
Name (Print/Type)	Registration No. (Attorney/Agent)	
Signature	Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

14749 U.S. PTO
10/08/03